

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## Chapter 257 of the Acts of 2008

**Provider Information and Dialogue Session:  
DPH Bureau of Substance Abuse  
Services – Residential Programs**

**July 9, 2014  
10:00 am**

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# Agenda



Chapter 257 of the Acts of 2008

Review of Pricing Process

Overview of DPH-BSAS Residential Programs

- Programs and Program Descriptions

Models in Development for BSAS Residential Programs

1. Residential Treatment
2. Jail Diversion Program

Questions/Feedback



## Chapter 257 of the Acts of 2008 Regulates Pricing for the POS System



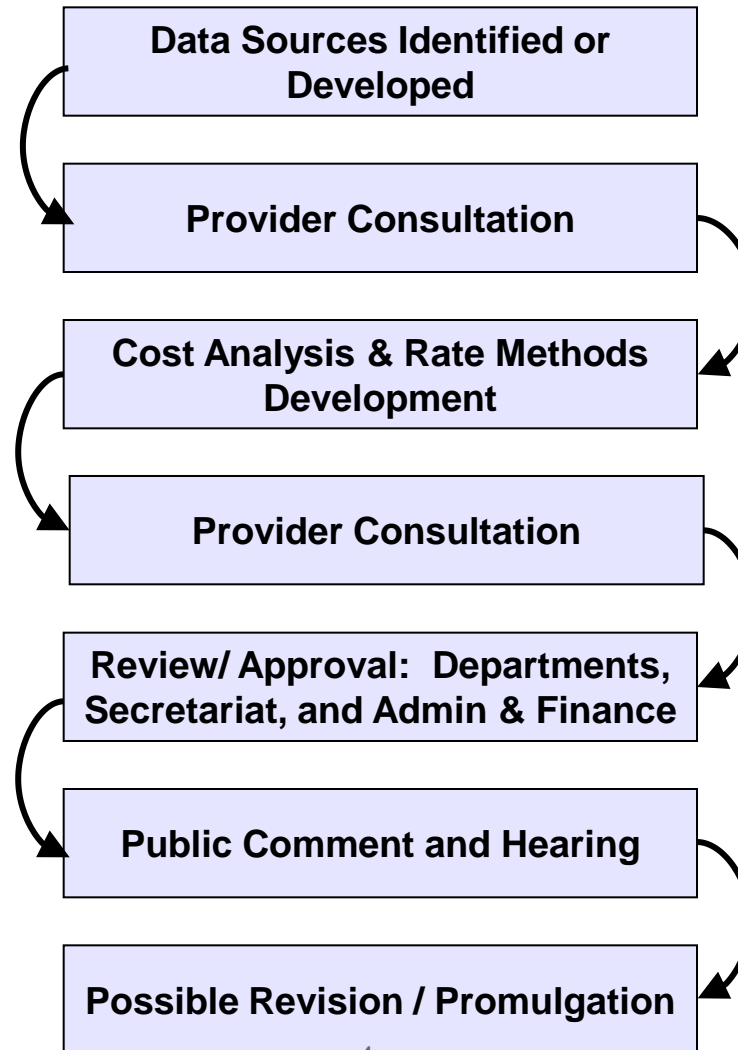
- Chapter 257 places authority for determination of Purchase of Service reimbursement rates with the Secretary of Health and Human Services under MGL 118E. The Center for Health Information and Analysis (CHIA) provides staffing and support for the development of Chapter 257 pricing.
- Chapter 257 requires that the following criteria be considered when setting and reviewing human service reimbursement rates:
  - Reasonable costs incurred by efficiently and economically operated providers
  - Reasonable costs to providers of any existing or new governmental mandate
  - Changes in costs associated with the delivery of services (e.g. inflation)
  - Substantial geographical differences in the costs of service delivery



# Process of Analysis, Development, Approval, and Hearing



## Pricing Analysis, Rate Development, Approval, and Hearing Process





# Residential Rehabilitation: Definition



Residential Rehabilitation is the program of services defined as organized substance abuse treatment and education services featuring a planned program of care in a 24-hour residential setting. These services are provided to clients who require safe and stable living environments in order to develop their recovery skills. Types of residential rehabilitation services are those designed for adult individuals, adults with their families, adolescents, and driving under the influence second offenders pursuant to Massachusetts Department of Public Health regulation 105 CMR 164.00.



# BSAS Residential Programs Rate Project



The Bureau of Substance Abuse Services Residential Programs Rate Project includes the programs below.

Code	Program Name	FY13 Spending
3386	Residential Treatment	\$36,399,507
4958	BSAS Jail Diversion Program	\$1,668,157
3401	2 <sup>nd</sup> Offender Residential	\$279,689
4951	Latina Residential Recovery with or without Their Children	\$655,401
3380	Family Treatment Services	\$6,536,671
4919	Specialized Case Management for Families in TSL	\$737,836

This presentation will focus on the Residential Treatment and Jail Diversion programs.



# BSAS Residential Programs: Residential Treatment



In March 2013 the Department of Public Health (DPH) Bureau of Substance Abuse Services (BSAS) developed the Model for Residential Rehabilitation Services (RRS). This model is the basis for the rate review as required by Chapter 257.

The RRS model defines the following required service elements:

- Availability of program information for potential applicants
- Use of DPH referral and admission criteria
- Resident services, including
  - assessment
  - individual recovery treatment plan, individual recovery service plan, aftercare plan
  - counseling
  - case management services
  - daily programming
  - response to relapse
  - other various services and program component
- Requirements for staffing, training, and supervision.



# BSAS Residential Programs: Residential Treatment



## Residential Treatment model:

- Incorporates required service elements as defined in the DPH-BSAS Model for Residential Rehabilitation Services of March 2013.
- Based on a 30-bed house.
- Staffing levels assume
  - Caseload ratio 1:9
  - 1 FTE Program Manager
  - 1 FTE Clinical Supervisor for every 30 beds
  - No less than 8 hours awake coverage per shift for each building
  - 16 hours coverage for each day and evening shift for every 30 licensed beds
  - 8 hours awake coverage per overnight shift per 50 residents, 16 hours per 51-100 residents, 24 hours per 101-150 residents

## Residential Treatment Model

Beds: 30

Bed days: 10,950

### Positions:

#### Management:

Program Manager	1.00	7%
Clinical Supervisor, Masters-level	1.00	7%

#### Direct Care:

Counselor	3.32	16%
Recovery Specialist	4.20	14%
Support Staff	1.25	4%
Direct Care Relief	1.16	3%

<b>Total Staffing:</b>	<b>11.93</b>	<b>50%</b>
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Tax and Fringe	11%
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Total Compensation	62%
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Occupancy	17%
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Meals	7%
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Program Supplies and Materials	2%
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Other Program Expense	1%
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Travel	1%
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<b>Total excluding Administrative &amp; General</b>	<b>90%</b>
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Admin & General Allocation	10%
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<b>Total Program Expense</b>	<b>100%</b>
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Cost Adjustment Factor (CAF)





# Residential Treatment: Pregnant Woman and Postpartum Rates



- Approximately 1.8% of bed days purchased are for pregnant or postpartum clients. In FY13, this was 3,709 bed days for pregnant clients and 5,001 bed days for postpartum clients.
- 10 houses in the Residential Treatment program currently provide services to pregnant clients and postpartum clients with baby.
- A pregnancy rate and an infant rate are currently under development. Eligibility for these rates would be:

Pregnant woman rate:	Pregnant clients, up to the time they give birth.
Postpartum rate:	Charged when a baby up to 1 year of age is in residence with a mother in treatment.



## Residential Treatment: Pregnant Woman and Postpartum Rates



- The pregnant woman model differs from the basic residential model based on data from houses serving pregnant women. Differences in the pregnancy model include
  - additional time spent with clients
  - higher non-staffing costs (occupancy, meals, program supplies and materials, travel, and other program expenses).
- The postpartum model is based on staffing patterns provided by BSAS.



# BSAS Residential Programs: Jail Diversion Phase 1



## Jail Diversion Phase 1 Model:

- Client participation in the program initiated by prosecuting attorneys (closed program)
- First phase is a 90-day fixed-stay program
- Secure facility
- Full-day, formally structured schedule

### Jail Diversion Phase 1 Model

Beds: 32

Bed days: 10950

#### Positions:

FTEs

% of Cost

#### Management:

Program Management

1.00

4%

Clinical Coordinator

0.80

3%

#### Direct Care:

Counselor

4.00

9%

Recovery Specialist

16.40

27%

Support Staffing

6.98

11%

Direct Care Relief

2.52

4%

**Total Staffing:**

**31.70**

**57%**

Tax and Fringe

13%

Total Compensation

70%

Occupancy

9%

Meals

6%

Program Supplies and Materials

1%

Other Program Expense

2%

Travel

2%

**Total excluding Administrative & General**

**90%**

Admin & General Allocation

10%

**Total Program Expense**

**100%**

Cost Adjustment Factor (CAF)



# BSAS Residential Programs: Jail Diversion Phase 2



## Jail Diversion Phase 2 model:

- Second phase is 9 months of clinical case management
- Based on direct care hours per year
- Rate will factor in time for training, travel, supervision, and administrative tasks

## Jail Diversion Phase 2 Model

Yearly case management hours: TBD

Positions:	FTEs	% of Cost
<b>Management:</b>		
Clinical Coordinator	0.20	6%
<b>Direct Care:</b>		
Direct Care Non-Masters	2.50	54%
Direct Care Relief	0.38	7%
Total Staffing	3.08	67%
Taxes & Fringe		15%
Total Compensation		82%
Travel (for DC non-Master's)		8%
Total excluding Administrative & General		90%
Admin & General Allocation		10%
Total Program Expense		100%

Cost Adjustment Factor (CAF)



# Questions/Feedback



The meeting presentation will be posted on Chapter 257 website:

[www.mass.gov/hhs/chapter257](http://www.mass.gov/hhs/chapter257)

Comments and questions regarding Chapter 257 process can be sent to: [EOHHSPOSPolicyOffice@state.ma.us](mailto:EOHHSPOSPolicyOffice@state.ma.us)